

4497

23 NOV 1962

CITY OF COVENTRY



# ANNUAL REPORT

OF

THE PRINCIPAL SCHOOL  
MEDICAL OFFICER

1961



CITY OF COVENTRY



# ANNUAL REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

T. MORRISON CLAYTON

M.D., B.S., B.Hy., D.P.H.

FOR THE YEAR

1961

## SCHOOL HEALTH SERVICE

### SPECIAL SERVICES SUB-COMMITTEE

as at 31st December, 1961

*Chairman*—COUNCILLOR MR. J. D. BERRY

*Vice-Chairman*—COUNCILLOR MRS. W. E. LAKIN

ALDERMAN MRS. E. A. ALLEN

„ MR. S. STRINGER

„ MR. H. H. K. WINSLOW

COUNCILLOR MR. A. E. HINKS

„ MR. T. L. K. LOCKSLEY

„ MR. C. M. MAXWELL

„ MR. T. MEFFEN

„ MR. G. M. PARK, J.P.

„ MR. J. H. THOMPSON

*Co-opted members*—REV. A. P. DIAMOND

MR. T. M. HOPE

MR. G. H. ISON

MRS. H. I. SAUNDERS

*Director of Education*—MR. W. E. CHINN, M.A.

*Deputy Director of Education*—MR. R. B. SYKES, M.A., L. ES. L.

### SPECIAL SCHOOLS SUB-COMMITTEE

as at 31st December, 1961

*Chairman*—COUNCILLOR MR. J. D. BERRY

*Vice-Chairman*—ALDERMAN MR. H. H. K. WINSLOW

ALDERMAN MRS. E. A. ALLEN

„ MR. S. STRINGER

COUNCILLOR MR. A. E. HINKS

„ MR. T. L. K. LOCKSLEY

„ MR. T. MEFFEN

„ MR. G. M. PARK, J.P.

*Co-opted members*—MR. T. M. HOPE

MR. G. H. ISON

MRS. H. I. SAUNDERS

## SCHOOL HEALTH SERVICE STAFF

---

Principal School Medical Officer (and Medical Officer of Health)	T. M. CLAYTON, M.D., B.S., B.HY., D.P.H.
Deputy Principal School Medical Officer (and Deputy Medical Officer of Health)       .....	A. PARRY JONES, M.B., B.CH. D.P.H. (resigned 31.12.61)
Senior School Medical Officer .....	M. M. R. GAFFNEY, M.B., B.CH., D.P.H., B.A.O., D.C.H.
School Medical Officers and Assistant Medical Officers of Health       .....	DR. J. DICKS, M.B., CH.B., L.R.C.P., M.R.C.S., D.C.H.
	M. D. DALY, M.B., B.S., M.R.C.S., L.R.C.P.
	S. N. JOSEPH, M.B., B.S., D.R.C.O.G.
	M. A. H. LAWSON, M.B., CH.B., B.A.O., D.P.H.
	J. B. M. PORTER, L.R.C.P., L.R.C.S.
	M. HOMMERS, M.B., CH.B.
	D. I. TROUP, M.B., CH.B., D.R.C.O.G.
	E. M. WILKINS, M.B., CH.B.
	R. A. BEASLEY, M.R.C.S., L.R.C.P., D.OBST.R.C.O.G.
	A. D. FRYER, M.B., CH.B., D.R.C.O.G.
	W. TEMPOWSKI, M.B., B.CH. (Resigned 5.10.61).
Medical Officer, Town Thorns Residential School for E.S.N.	E. Killey, M.R.C.S., L.R.C.P. (part- time).
Medical Officer, City of Coventry School       .....	P. R. STANBURY M.A., (Cantab.) M.R.C.S., L.R.C.P.
Paediatric Specialist and Heart and Rheumatic Consultant .....	H. PARRY WILLIAMS, F.R.C.P. (London) part-time).
Ear, Nose and Throat Surgeons	W. OGILVY REID, M.A., B.SC., M.B., CH.B., F.R.C.S. (part-time)
	H. S. KANDER, F.R.C.S. (part- time). (Deceased 17.11.61).

Principal School Dental Officer		J. A. SMITH, L.D.S., R.C.S., Eng.	
School Dental Officers	.....	<div> <div> MISS W. WILSON, DIP.DENT. SURG. (Warsaw). H. BOISSONADE, B.D.S. MRS. B. W. REUTT, DIP.DENT. SURG. (Warsaw). N. R. TAYLOR, B.D.S., L.D.S., R.C.S. Eng. D. A. ANGUS, B.D.S. (part-time). </div> </div>	
Superintendent Physiotherapist		MRS. M. M. HALLS, M.C.S.P.	<div> Baginon Fields School </div>
Physiotherapists	.....	MRS. F. E. HOWITT, M.C.S.P.	
Remedial Gymnast	.....	MRS. J. CLAYDON, M.C.S.P.	
		MR. R. PEBERDY	
Speech Therapists	.....	<div> Miss B. CARR, L.C.S.T. MRS. D. I. ROBERTS, L.C.S.T. </div>	
Chiropodists	.....	<div> MR. A. T. E. FREKE, M.CH.S., M.R.I., P.H.H. (part-time). MR. D. SAXON, M.CH.S. (part- time). </div>	
Superintendent Health Nurse	.....	MISS M. D. LLOYD	
Deputy Superintendent Health Nurses	.....	<div> MRS. B. E. MACKIE MISS K. L. HOULTON </div>	
Dental Hygienist	.....	MISS J. P. WILDAY (appointed 26.9.61).	
Dental Attendants	.....	<div> MRS. K. CARTWRIGHT MISS P. PARKYN MISS J. BRAYNE MISS J. OSBORNE MISS C. WARNER MISS P. LINES MRS. A. SMITH (Resigned 31.12.61). </div>	
Administrative Assistant	.....	C. E. BODEN, D.M.A.	
Chief Clerk	.....	MISS E. STEPHEN	

# CITY OF COVENTRY

---

## SCHOOL HEALTH SERVICE

### 1961 Annual Report

The School Health Service,  
Council Offices,  
Earl Street (South Side),  
Coventry.

*To the Right Worshipful the Lord Mayor, Aldermen and Councillors  
of the City of Coventry.*

MY LORD MAYOR, LADIES AND GENTLEMEN,

I am pleased to present my annual report on the health of the school children of Coventry during 1961.

The school child population in the city for the year was 52,961, an increase of 584 over the figure of 52,377 for 1960. Of these, some 16,467 pupils were examined at Routine Medical Inspections (18,407 in 1960) a decrease of 1,940. The number of pupils attending independent and public schools was 2,697.

#### **Staffing**

There was one resignation from the medical staff in 1961, namely Dr. W. Tempowski who left to take a further University course, and one appointment that of Dr. A. M. Adams, who is due to take up duty on 1st January, 1962. The overall position represents greater stability than has been the case for some years and it is hoped that this will continue.

During the year Dr. E. M. Wilkins attended the course arranged by the National Association for Mental Health on Mentally Sub-normal Children, and hereby added to our medical officers qualified in this field of work. Dr. Wilkins also attended a course held at the Department of Audiology and Education of the Deaf at Manchester University. Dr. S. N. Joseph attended a refresher course for School Medical Officers held at Liverpool.

The in-post nursing staff of the combined Health Visiting/School Health service (establishment 60) including one superintendent and two deputies has continued to increase in numbers during the year and this has been of great advantage in providing enhanced nursing services for the benefit of school children in the area.



## Dental

The position with regard to dental staff has improved to some extent with the sessional assistance of a few part-time dentists. This help is most acceptable although we appreciate, because of their temporary nature, such sessions do not tend to provide the longer term stability which is desired in the service.

A Dental Hygienist, Miss J. R. Wilday, was appointed in September, and it is evident that this step is achieving most helpful results in dental health education : a branch of work which is truly preventive and thereby of prime importance to our dental service. It is equally clear that our dental staff, under the wise guidance of Mr. Smith, are accomplishing much for school children even though the staff in post are, numerically, at a low level.

The results of fluoridation tests which for several years have been carried out on certain public water supplies in selected parts of the United Kingdom, are due to be published during 1962.

The findings of this survey will undoubtedly have important repercussions in relation to the prevention of dental caries and thereby, to the state of children's teeth in future years. We therefore look forward with great interest to forthcoming official pronouncements and advice in this connection.

## General Conditions of Pupils

16,467 children were examined at Routine Medical Inspections in 1961, and of these some 25 were placed in the unsatisfactory category i.e., 0.15%, which is the same proportion as in 1960. It would appear that this number represents a "hard core" of children belonging to problem families, and it is doubtful that the figure indicated will reach a lower level. We have much general concern for this group of children and it is felt that selective methods of general medical inspection might well provide greater opportunity for the problem to be dealt with in this type of case which requires constant and unremitting supervision. I shall refer to this matter of selective examinations elsewhere in the Report.

## Immunisation and Vaccination

There was a marked increase in primary and booster poliomyelitis procedures during the year. In 1961, 6,896 primary injections were given (in 1960, 3,574). Booster injections were 25,678 (including third and fourth) as compared with 8,580 during 1960.

Diphtheria immunisations decreased from 5,659 to 3,779. A slight increase in primary vaccination against smallpox was noted, e.g. 295 (95 in 1960), and in re-vaccination — 85 in 1961 (25 in 1960) and this is of interest in the light of the 1962 smallpox outbreaks in certain parts of the country.



## Infectious Diseases

*Measles* — In keeping with the usual bi-annual cycle, the expected measles epidemic occurred during 1961 and 2,672 school children were notified as suffering from this disease as compared with 236 cases in 1960.

*Food Poisoning* — Major outbreaks of food poisoning occurred in three schools during the year, and a total of 649 children were notified. In each of the three outbreaks, the agent causing the outbreak was identified (*clostridium welchii*). The illness in all cases was of a mild nature and the symptoms lasted a few hours only.

*Dysentery* — The incidence of dysentery was up from 39 in 1960 to 175 in 1961, but still shows an improvement over 1959 when 525 cases were reported. The arrangements which had previously been made with the General Practitioners in the Longford area, to telephone information concerning cases to my department as soon as they come to attention, has now been extended to General Practitioners in other parts of the city. It is hoped that this arrangement, together with further pressure through Health Education by the Health Visitors, particularly on the subject of personal hygiene, will help to keep this disease in check.

*Typhoid Fever* — One case of typhoid fever was notified during the year. This was an Indian boy who had been in this country for less than three weeks and had been incubating the disease when he left India.

*General* — Other than the diseases mentioned above there is nothing untoward to report concerning infectious diseases affecting school aged children.

## Contagious Diseases

Scabies was confined to 11 school children in 1961, and to three children under school age. Ringworm of the skin occurred sporadically, although 3-4 cases did occur in one family. This latter was considered to be associated with a number of stray cats — apparently frequent visitors to the vicinity of the house. The cats were eventually destroyed by the Royal Society for the Prevention of Cruelty to Animals whose officer had found them to be heavily infected.

The incidence of impetigo is almost negligible, and only the very occasional case requires exclusion from school.

## SPECIAL SESSIONS AT GULSON ROAD CLINIC

### Chiropody

Mr. Freke and Mr. Saxon gave a total of three sessions weekly in this service. No evidence is apparently forthcoming to show that

the narrow pointed-toed shoe is becoming less popular: this is of interest from the aesthetic point of view. Such shoes give the feet of boys and girls the appearance of being several sizes too large, and one had assumed that girls in particular were proud of possessing small feet : which all goes to show how wrong you can be !

### **Ear, Nose and Throat**

There was a decrease in the number of children in this group referred for observation or treatment during the year. Case conferences at the Partially Deaf Unit at Spon Gate continued, and the Ear, Nose and Throat Consultants, jointly gave about four sessions per month to this work at the Gulson Road Clinic, this in addition to the Out-patient Department sessions at the hospital. Mrs. M. George who has special nursing experience of Ear, Nose and Throat work carried out certain routine treatments at Gulson Road Clinic on behalf of the consultants, e.g. ear toilet, nasal wash outs, politzerisation, antral displacements, etc. but the number of these is tending to diminish.

The school health service suffered a very personal loss on the death of Mr. Kander on the 17th November, 1961. He had become one of our most valued and co-operative colleagues during the past few years in the development of local provision for Partially Deaf children. He had a noticeable understanding of children, and a true appreciation of the manner in which hearing defects and their complications could affect educational life and progress. It had been apparent for some time that he was not well, but he continued to visit Spon Gate and the clinic despite this. We deeply regret his loss and are grateful for the help and advice he was always ready to give. We in the School Health Service are the poorer for his passing.

### **Speech Therapy**

The staffing situation remained unaltered throughout 1961. Miss Carr is occupied full-time upon general speech therapy duties while Mrs. Roberts gives nine-tenths of her time at Baginton Fields School and one-tenth at Alice Steven's School. The difficulty in recruiting speech therapists continues. We appear to be completely dependent upon the new graduates coming from the training centres, and very few of these choose to work in the Midlands. This is unfortunate since there is a formidable waiting list and it is extremely difficult to arrange necessary treatment even for the most urgent cases within a reasonable period of time.

### **Heart and Rheumatic Clinic**

Dr. Parry Williams comments once more upon the work at this clinic during the year. The number of school children referred for consultant advice was just a little more than half the number referred in 1960. It is comforting to note that the greater proportion

of children had innocent heart murmurs, and we are grateful to the consultant team who give their time and energies to the correction of structural cardiac defects which have most often been brought to light in the first place by our medical officers at routine medical inspection.

## **SPECIAL SESSIONS AT OUTLYING CLINICS AND OUT-PATIENTS DEPARTMENTS**

### **Child Guidance**

There has been no appointment of a consultant child psychiatrist in Coventry to date, and the pressure on existing clinic personnel continues to increase. The actual amount of work performed at the clinic and the number of cases dealt with despite the difficulties, are a tribute to the enthusiasm of the staff. Mrs. P. Hedges, Senior Educational Psychologist, provides information later in this Report concerning the work at the clinic.

The proposed integration of Child Guidance services with Mental Health services is still largely at Psychiatric Social Worker level, and it is probable that further developments will take place when a Consultant Children's Psychiatrist is appointed as previously envisaged.

### **Ophthalmic Services**

These are provided by the Regional Hospital Board at the Out-patients Department, Coventry & Warwickshire Hospital, and reports are readily available to my staff on every child seen there. In October, an arrangement was made with the Coventry Local Optical Committee whereby a routine report was made available to my department monthly — on every child seen — just as is agreed with the hospitals. Approximately 91% of children referred for visual defects attend the Out-patients Department at the Coventry & Warwickshire Hospital, and the remainder go to opticians.

The new arrangement is very satisfactory and particularly in view of my department's responsibility for the follow-up of children with visual defects both in the classroom and the home.

The Local Authority ophthalmic clinics ceased to function in 1950-51 when taken over by the Regional Hospital Board and thereafter operated at the Coventry & Warwickshire Hospital, Stoney Stanton Road.

### **Orthopaedic Clinics**

This Local Education Authority does not directly provide orthopaedic services and as far as I can trace in the records has never

done so. The Regional Hospital Board provides such services at the local hospital Out-Patients Departments and at the Paybody Clinic in Holyhead Road. Regular individual reports are available to us from the consultants concerned, and useful co-operation continues in several directions, e.g., provision of special transport to school ; home tuition or admission to appropriate schools for handicapped children etc.

### Branch Clinics and Combined Centres

These peripheral clinics used for school health purposes were used to less extent during 1961. Although the numbers attending minor ailments sessions fluctuated considerably from month to month, the downward trend of attendances nevertheless continued.

### Anti-Tuberculosis Campaign

The campaign is now in its seventh year in Coventry and during the present year nine instances of tuberculosis affecting school children were notified.

The following table shows the number of acceptances, Mantoux positive and negative reactors and also the number of children and students who were given B.C.G. vaccination under the scheme during 1961.

<i>Acceptances</i>	<i>Mantoux Positive</i>	<i>Mantoux or Heaf Negative</i>	<i>Given B.C.G.</i>
6,812	681	4,954	4,941

This table shows that only thirteen children failed to have B.C.G. vaccination following Mantoux or Heaf Negative tests. This failure was chiefly due to illness or family emergency of some kind. There were no actual refusals.

## HANDICAPPED PUPILS

### Blind

Three children were placed in this category during the year, and two of these had been accommodated in residential schools by December, 1961.

### Partially Sighted

At present **one nursery class and one junior** class cater adequately at Moseley School for the numbers now ascertained as falling into this category of handicap. The senior class is to be transferred from Baginton Fields School to Frederick Bird Secondary Modern School in September, 1962.



## **Deaf**

No child was placed in this category during 1961.

## **Partially Deaf**

There was a slight increase in this category during the past year, this being due in part to the youngest children (some 2 years of age) with seeming deafness being included thereby giving them the benefit of the doubt. This is to the children's advantage because without a period of close and continuous observation it is well nigh impossible to decide between deafness and partial deafness in the very young. So many other factors enter into making the final assessment that observation in a nursery class appears essential for every such child.

Miss Gardiner and Mr. Coombe comment on the work of Spon Gate Unit later in this report.

The Senior Day Unit for Partially Deaf was set up in Priory School in August, 1961, as part of the Secondary Modern School. The Headmaster is Mr. W. N. Jenkins and the senior class teacher for partially deaf children Mr. I. Spencer. Children over eleven are in attendance here and tremendous strides have already been made by them both educationally and in social maturity.

## **Educationally Subnormal**

Seven medical officers now carry out regular ascertainment of educationally subnormal children. A considerable amount of this is performed in collaboration with the educational psychologists and each child is considered at a case conference before a final decision is reached. Regular visits are paid by Dr. Lawson, Dr. Hommers and Dr. Daly to the two day schools and the one residential unit concerned with this category of child. There is a very practical and satisfactory working relationship between the staff of these special schools and my departmental staff.

## **Epileptic**

Two such children out of over 300 who came to notice during 1961 required education at the appropriate external residential school.

Frequency of episodes is seldom the real reason for ensuring residential care and treatment. More often an accompanying behaviour disorder is involved maybe with the home environment not operating to the child's advantage. Under such circumstances the child's condition does not receive the understanding attention which it merits. It can be hard on a child who, although perhaps normal for, perhaps, 99% of the time, may be considered "different" or as constituting a problem because of the occasional attack.

It is the element of the unexpected which tends to keep parents of such children perpetually "on edge." Indeed they may have reason

to be worried when the age of school leaving is reached since it is then that such children may have to face an unfeeling community which can be infinitely more selfish and trying than anything previously experienced at school.

The holiday scheme run by the British Epilepsy Association does very good work and is greatly appreciated by most parents of epileptic children.

### **Maladjusted**

There is still a long list of children awaiting ascertainment and even if they were all dealt with immediately there would still remain a considerable shortage of suitable residential schools or hostels to receive them. It is anticipated that a Consultant Child Psychiatrist will be appointed in 1962 : something which is long overdue. In comparison with the local facilities available for the treatment and education of other types of handicap, those for the maladjusted child are seriously, sometimes tragically, inadequate. Head teachers, medical officers, probation officers, family doctors, consultants and others too, spend much time in searching out and referring such children for necessary attention. Due to the extreme shortage of staff, however, and the inadequacy of premises and related provisions, the action referred to seems to be our present limit of progress. The accumulation of statistical evidence from waiting lists is all very well and may have eventual repercussions upon planning, but the exercise provides little immediate help to the individual child. The possibility of child guidance staff being frustrated under such circumstances may not be hard to understand.

Mrs. Hedges, Senior Educational Psychologist, later comments on the work of the Child Guidance Clinic in the body of this report.

### **Physically Handicapped**

It is well known that the care available for physically handicapped children in Coventry is generally adequate and of a high order. It is appreciated that there is a persistent waiting list for Baginton Fields Day School, but nevertheless, at least the children do get admitted sufficiently early to benefit greatly from the facilities there. In the meantime home tuition may well be resorted to and even special transport provided to take them to an ordinary school. The growth of provisions for physically handicapped children in this city has been quite fascinating, and the work most rewarding for those of my staff who have been concerned with it. The constant stream of interested visitors from home and overseas (who desire to see the Coventry provisions at first hand) is sufficient proof that we in Coventry are not lagging in this work and indeed, that a pioneering attitude is not lacking either.

## **Delicate**

Although doubts are sometimes widely expressed in our Welfare State as to the need for so many places being made available for delicate children both in day and residential “open air” schools — I remain convinced of the necessity for such provision.

It is possible that social rather than health reasons may appear to be the more pressing consideration for the entry of such children but in any case it would be a brave man who would deny a strong frequency relationship between poor social circumstances and ill health.

The waiting list for our Corley Residential School is quite lengthy and these children are invariably recommended by medical officer, family doctor or consultant. It is apparent therefore that deviations from normal standards of good health remain cogent reasons for entry into such establishments. Moreover, we know that the resulting improvements in health of such children provide factual and irrefutable evidence of the worth of these schools.

## **Enuretic Children**

The department has eight special electric bell equipments suitable for loan to parents having enuretic children. The bells are of various makes and they are in process of local efficiency trials in order to determine which will best serve our needs for the future. A multiplicity of such bells has appeared on the market during this past year or so — each manufacturer vying with the other in their claims for their particular commodities. It is best therefore that we satisfy ourselves as to their comparative efficiencies.

Of six children treated by this method during 1961, we had four outright successes.

Corley Residential School and the Town Thorns and Child Guidance Units have a further four electric bell equipments between them for their own needs so that the local authority have provided a total of twelve such equipments for the treatment of enuretic children, so far.

## **Immigration**

The mounting influx of children from overseas during these latter years has brought many problems to the department.

Medical staff and nursing staff find greater need to bring themselves up to date with certain socio-medical conditions which are prevalent in tropical countries : but little known from practical experience in this country. Children arrive with various conditions and handicaps — some physical, some mental and many moreover have little or no knowledge of the English language, and thereby take much time to adapt. This latter applies particularly to those



families who remain closely knit and who tend, by choice, to confine in certain areas. Some of the parents concerned, most often the mothers, do not appear to concentrate upon learning sufficient of the English language to make elementary and necessary social contacts. Rather do they rely almost entirely upon neighbours and eventually upon their own children to disentangle them from language difficulties. Under such circumstances, and speaking purely from the health point of view, this situation makes for extreme difficulty (indeed it is oftentimes impossible) in acquiring any reliable history for medical purposes.

### Comment

As a ' pilot ' measure the Coventry Education Committee agreed to bring the work of school medical officers in line with present day thought by substituting selective medical inspection in the intermediate school age groups in place of the overall traditional routine medical inspections : this to take place initially in two junior school departments for a period of twelve months and the situation to be reviewed thereafter. This decision was realistic and I feel confident that the results will show it to have been well worth while. Meanwhile routine medical examinations in their present form will continue for all entrants and school leavers.

The object of selective school examination is to ensure that any child, whose condition from physical, emotional, or mental cause is such that the child is failing to make satisfactory progress, will be provided with continuing medical attention : this to assist best possible progress in the child's overall interests.

The Education Committee is reluctant, and rightly so, to commit itself to generalised selective medical examinations in the intermediate age groups, until such time as the results of the pilot scheme have been carefully considered. It will, therefore, be my assignment and intention to report upon this measure in due course.

It is most essential to the value of such an experiment that there should be a complete understanding as to the intent of the arrangement and thereafter such co-operativeness between parents, teachers, doctors, nurses and welfare staffs as will provide the right answer in the interests of the child.

A proportion of local education authorities have been operating the method of selective medical inspection for varying periods and, generally, appear to be enthusiastic about the results.

It follows that the newer arrangement will involve intensive application by everyone concerned since all children found to have defects will need to be followed through until the right solutions for each is found.

The opportunities for research presented by these newer measures are considerable and it is well appreciated that research constitutes an important source of "life blood" in matters medical. One must comment with regret however, that the pressures of routine work upon present staff are such as to give most inadequate outlets for them reasonably to give application towards this end.

In spite of the difficulties mentioned the year has been one of steady progress and the problems presented have been of absorbing interest in many instances.

The spirit of co-operation between our own staffs, those of the hospitals and with general practitioners — all who have concern for the bodily progress of children — has been of the highest order. I cannot let this annual opportunity pass without expressing my sincere appreciation and thanks to *all* members of my own staff, no matter in what capacity they are engaged, for their intensive and purposeful efforts throughout a busy year. Likewise to consultant, nursing and auxiliary staffs in the hospitals for their ready and greatly appreciated efforts on behalf of Coventry school children. The helpfulness too of the Local Executive Council's staff has been of great value and it is heartening to us in the School Health Service that General Practitioners throughout the area are coming to a better understanding and appreciation of our efforts in this essential field of work.

I wish also to express my appreciation to the Director of Education and to his teaching and administrative staffs for their continued co-operativeness and helpfulness. To Dr. M. M. Gaffney and Mr. E. Boden and others who helped in any way towards the compilation of this report, my thanks are due: as also to Mr. G. W. Hall for helpful assistance in designing the new cover.

Finally on behalf of all staff in the School Health Department and myself I wish to say how much we appreciate the interest and consideration given by the Chairman and Members of the Education Committee and by their Special Services and Special Schools Sub-Committees to matters affecting the health and progress of school children in Coventry throughout the year.

I am, my Lord Mayor, Ladies and Gentlemen,

Your obedient servant,



*Principal School Medical Officer.*

### School Population, Accommodation, Attendances

At December, 1961, there were 141 primary and secondary schools (including the City of Coventry School) being maintained by the Local Education Authority, viz :—

- 101 Primary and all age schools
- 21 Secondary Modern Schools
- 4 Secondary Selective Schools
- 8 Comprehensive Schools
- 6 Special Schools
- 1 Nursery School

The Primary, Secondary, Special and Nursery Schools are divided as follows :—

110 County Schools	
12 Voluntary C.E. Schools	
19 Voluntary R.C. Schools	
Number of children on registers, January 1961	..... 49,571
Number of children on registers, December 1961	..... 50,264
Average percentage attendance of all schools	..... 92.18
Number of children attending independent and private schools	..... 2,697

### REPORTS FROM SPECIAL SCHOOLS AND CLASSES

#### Baginton Fields School for Physically Handicapped Children

Dr. E. M. Wilkins reports as follows :—

“ I have continued to visit Baginton Fields School once weekly at least during the past twelve months.

This has enabled me to get to know most of the children fairly well and some of them very well indeed, as they appear almost weekly at my “ surgery.”

Most of the new-comers have been visited initially by me at their homes and in this way I have gained invaluable knowledge of each child's background.

There has been no routine medical inspection this year, but I have dealt with all problems as they have arisen, particularly visual, dental and hearing defects.

Parents have been interviewed wherever necessary. A case conference has been held each term to determine the most suitable employment (if any) and follow-up for each leaver. The consultants' clinics have continued regularly and these are an inspiration to us all.

In October, I attended a course on Cerebral Palsy at the Centre for Spastic Children in London. This proved extremely interesting and has given me a much clearer understanding of the condition as a whole and also of the difficulties which confront these children and all who endeavour to help them.

The waiting list, which was eliminated last September, has now crept up again and we are faced with the unenviable position of waiting for the older children to leave before others can be admitted. This creates considerable problems as to urgency of admission since there is no doubt that all these children require the special teaching and other services available at Baginton.

In conclusion, I should like to thank the entire staff of the school for their loyal help and co-operation during the past year. "

Mr. L. Bowstead, Headmaster, reports :

" 1961 saw the continuation of the trends already noted in the previous year. Unfortunately the estimates as to the intake proved once again to be inaccurate, inasmuch as a number of handicapped children moved into the area and of course were admitted. In several cases enquiries proved that parents had moved to Coventry under medical advice in order to benefit from the services provided at Baginton Fields School. This is a great compliment to the Authority but has the effect of making planning difficult.

During 1961 there was an average of 218 on roll, of whom 15 were partially sighted. Plans are afoot for the transfer of these partially sighted children to a special class attached to a Secondary Modern School. We on the staff at Baginton Fields will miss the help afforded by these children and the physically handicapped children will certainly miss their friends of the partially sighted unit.

At the moment of writing the age range is from 3 to 16. Owing to the pressure exercised by the 28 children awaiting admission it has not been found possible to provide extended education for the type of children who formerly received it after the age of 16 years. This seems to me to be unfortunate, as many of the heavily handicapped children benefitted considerably from their extra year at school. However, had the policy been continued the waiting list would have been in the neighbourhood of 35. As it is several children have been waiting for two terms and more for admission.

The acquisition of the lift ambulance has been a tremendous asset in the transporting of the severely handicapped, and we look upon this vehicle as one of our finest investments.

Once again we have had visitors from other countries and authorities and they appear to have been impressed by the co-operation and help we receive from all the branches of the local authority and the hospital management board, as well as by the comprehensive nature of the treatment provided here.

We have been fortunate in the stability of our staff and note that Miss Cornish, formerly in charge of our Infant Department, is now Head of Horton Lodge Physically Handicapped School, Staffordshire.



In accordance with Committee policy, owing to pressure of space, it has not been possible to admit heavily handicapped children from Warwickshire during the last twelve months, as the number of admissions is directly controlled by the number of leavers.

An interesting 8 mm film has been made, with the co-operation of Mr. Hayling of the City of Coventry Training College, for showing the special teaching techniques used in the school.

During the year we have had the services of a part-time teacher of the deaf, whose co-operation with the speech therapist and teachers has been a valuable addition to the treatment service."

Mrs. D. Roberts, Speech Therapist, reports :—

" During the year 1961 there were 28 children receiving Speech Therapy at Baginton Fields School.

There are 63 treatment sessions during the week, each lasting from 15 to 20 minutes, and in 1961 there were 12 children attending for three sessions per week, 11 children attending for two sessions per week, and 5 for one session each week. Six children attended from the Nursery Unit in the School, the remainder were mainly in the age group of 5-12 years.

The children attending the Speech Therapy Department could be classified as follows :—

- 21 cerebral palsy (two with additional handicap of severe hearing loss).
- 1 stammerer
- 1 repaired cleft lip and palate
- 1 wasted throat and tongue muscles
- 1 disturbed speech following road accident
- 3 simple dyslalia

Reponse to treatment has been on the whole very satisfactory."

Mrs. M. M. Halls, reports :—

" I have pleasure in presenting my report as Superintendent Physiotherapist at Baginton Fields School.

The staffing is exactly as in the previous report, that is, three physiotherapists and a remedial gymnast.

As the school matures it has been noticeable that the number of children suffering from gross and multi-handicaps has increased and with the advance in preventive medicine the number of children suffering from poliomyelitis, osteomyelitis and tuberculous infections has simultaneously reduced to a very small proportion of the total.

Both my colleagues and I, as well as the speech therapist and members of the teaching staff, have been most grateful for the

tremendous co-operation shown by our Consultants and also by Dr. Wilkins who exercises the day to day medical control at the school.

I append a table showing the various complaints from which the children attending the unit suffer. It will be noted that the total is considerably in excess of the 218 on roll. This is due to the fact that many children unfortunately have more than one diagnosed condition, e.g. many cerebral palsied children have speech defects.

The total number of children attending for treatment is 138. This includes children attending the remedial gymnast.

Tuberculosis infection	.....	.....	.....	4
Poliomyelitis	.....	.....	.....	30
Spastics and kindred ailments	.....	.....	.....	63
Kidney diseases	.....	.....	.....	4
Epilepsy	.....	.....	.....	8
Bronchiectasis	.....	.....	.....	11
Asthma	.....	.....	.....	2
Cardiacs	.....	.....	.....	18
Haemophiliacs	.....	.....	.....	6
Muscular diseases	.....	.....	.....	12
Speech defects	.....	.....	.....	29
Hearing defects	.....	.....	.....	5
Bone defects	.....	.....	.....	33
Cerebral ailments other than spastics	.....	.....	.....	18
Partially sighted	.....	.....	.....	15
Other conditions	.....	.....	.....	10

### Alice Stevens Day School for Educationally Subnormal Children

Dr. M. Lawson reports :—

It has been a privilege to continue as Medical Officer to the Alice Stevens Day School for Educationally Subnormal Pupils for a further year, where every co-operation has been received from the staff in attempts at securing maximum standards for the pupils in mental and physical health.

During 1961, one child only was reported as being unsuitable for school, but was fortunately able to be transferred direct for training to the Public Health Senior Training Centre at Torrington Avenue.

The scheme for social aftercare of the school leavers has proved of inestimable value in solving the problems of those who found difficulty in adapting to conditions of employment and to fulfilling successfully the role of the school leaver in the community.

It is gratifying to report that a high standard of general health has been maintained amongst the children."

### Three Spires School for Educationally Subnormal Pupils

Dr. M. Hommers reports :—

“ I attended Three Spires School for one session each week, seeing cases referred mainly by the headmaster and by the school nurse. Apart from these special cases, and those referred by the Director of Education, a fairly comprehensive programme of routine medical inspections and routine hearing tests was carried out on the appropriate groups of children.

Much of the medical and medico-social work at this school entails getting to know the parents and seeing the child in his own home. Home visits were made by me during the year and these contacts with the parents were invaluable. Once again, I was very pleased with the helpful and friendly attitude of parents to the School Health Service. All those visited welcomed the visits and those invited to the school for various reasons to do with the health of their children, did so, often at inconvenience to themselves, many taking time off from work to attend.”

Mr. R. G. Monks, Headmaster, reports :—

“ In planning and developing the School I had always anticipated that this would be the busiest year of all. It has indeed been so.

The School has increased in size to almost maximum numbers and is now fully staffed. It is stabilised at all levels with a satisfactory distribution of age.

The first child to reach school leaving age at Three Spires, left for employment at the end of the year.

During March we launched our work with kindergarten children. After decisions in Case Conference which children should be admitted, parents were interviewed and the project discussed. They were most co-operative.

The children suffer varying degrees of handicap including minor physical defects and complete absence of speech. None would be capable (on admission) of taking part in ordinary school routines.

Experience has shown it to be useful to divide the kindergarten into two groups for the greater part of the day. A Nursery Group proper and a Kindergarten Group at a somewhat higher level of maturity. The Nursery Group remains under the nominal charge of the Kindergarten Teacher, but is supervised by the Nursery Assistant. The two groups come together for music, dancing, movement, etc. The Nursery Group rest each afternoon. Excellent results are being shown and great credit is due to Mrs. Teasdale and Mrs. Sedden for their work with these children.



In June the mothers of both groups were entertained to tea and spent an afternoon with the children. This liaison is especially important and the event was most successful.

Saving the influenza epidemic during January and February the health of the school has been good and the attendance at a very satisfactory level.

Dr. Hommers has continued her weekly visits seeing a great number of parents and children. Her work is of tremendous help to the School and it is good to learn that she is to be allowed more time at Three Spires. I would extend to both Dr. Hommers and Nurse Luckman my warmest thanks for their most cheerful co-operation in all matters, routine and special."

### **Corley Residential School**

Dr. M. D. Daly reports :

" During the past year there have been approximately 80 places available for delicate children at Corley. The remaining places have been used to accommodate boys and girls of Town Thorns School whilst their school is being rebuilt.

The children from each school attended their own classes but joined in out-of-school activities. I continued to visit the school twice a week to supervise the general health of the delicate pupils and also carried out routine medical inspections of the Educationally Sub-normal children.

The general health of all the children was remarkably good — there being fewer cases of influenza and tonsillitis than usual.

In order to make the fullest use of the places available, a greater number of children than usual were discharged home after one term. These children were followed up after discharge in order to ensure that they maintained their improvement.

In the latter half of the year, the two schools were amalgamated under one Headmistress, the visitors being known as Corley 'A' Unit."

### **Whitley Hospital School (formerly Paybody Hospital School)**

Miss M. C. Craven, Headmistress, reports :—

"The year began with 19 children of school age receiving treatment, but by the beginning of March numbers had increased to 29. The air of insecurity caused by rumours of removal to Whitley by March, together with men and women patients in the boys' and girls' wards made the task of education and educational treatment an exceedingly difficult one.

During this year of continued deferment of the actual removal from March to September, to December 2nd, 9th, and on into January, 1962 — a year of upheaval — 134 children were treated for varying disabilities including Perthes, old poliomyelitis, osteomyelitis, osteochondritis, slipped epiphysis, a few tuberculous bone conditions, some spastic conditions and numerous fractures.

Periods of treatment were :—

6 months and over .....	13
3 to 6 months .....	12
1 month to 3 months .....	44
1 week to 1 month .....	55
Under 1 week .....	10
	<hr/>
	134

School equipment was moved to Whitley on December 18th and the year ended with feelings of relief that the new term in January 1962 would be a new beginning in premises exclusively for children."

### **Partially Deaf Unit, Spon Gate School**

Miss M. L. Gardiner, Teacher-in-Charge, reports as follows :—

"The work of the Partially Deaf Unit during 1961 has both consolidated and continued to expand. In September six of our eleven plus children were transferred for the secondary stage of their education, to a Unit established at Priory Street Secondary Modern School, and by the end of the year the adaption of the class and cloakrooms for our Nursery class had been finished.

The excellent regular medical attention the children have had throughout the year has been invaluable, and very much appreciated by the parents. The children are now so used to medical inspections, that they accept them as part of the school curriculum, and Nurse George is such a familiar figure in the school, (she visits twice a week) that very rarely if ever do we have tears as was the case when the work first began. Dr. Dicks is our particular medical officer, and I speak for parents and teachers alike when I say how grateful we are to her for the conscientious, expert care she so cheerfully gives to every child in the Unit. I also wish to pay tribute to Miss Morris, the Audiometrician, and Mr. Richards, the Hearing Aid expert, at the Coventry and Warwickshire Hospital, whose exacting work of testing children's hearing, taking ear mould impressions and servicing hearing aids, must often be very tedious, but who never fail to treat the children with real consideration, patience and understanding.

The Autumn term was darkened with tragedy for us because of the fatal accident on September 12th to one of our pupils, Janet Bate, who was killed by a Corporation bus while coming to school. This was followed later in the term by the death on November 17th of

Mr. H. S. Kander, our Consultant Otologist. He had attended a case conference at school on September 27th which was a wet and cold day, and it was evident then that he was far from well, but he carried on and examined the six new entrants. We never saw him again and we are truly bereaved without him."

### **City of Coventry School**

Dr. P. N. Stanbury reports :—

" During 1961 the usual high standard of health at the school was maintained. Of the 107 cases admitted to sick quarters, 39 were due to minor upper respiratory infections and influenza, and 21 were due to minor gastric upsets. There were 7 cases of fracture, none of which were serious, and one case of osteomyelitis. There were no serious epidemics.

During the Summer Term the state of immunisation against poliomyelitis was reviewed, and 85 injections were given, ensuring a high rate of protection in school and staff.

At the beginning of the Autumn Term, the state of the kitchens was reviewed on the request of the headmaster, and certain improvements were recommended. It is hoped that many of these alterations will be completed by the end of 1962, and that a much higher standard of food hygiene will result."

## **REPORTS FROM CONSULTANTS AND CLINICS**

### **School Psychological Service**

Mrs. P. E. Hedges, Senior Educational Psychologist, reports as follows :—

" 1961 saw a slight improvement in the staffing position at the Child Guidance Centre. From the beginning of the year when Mr. H. K. Hawkins joined the staff there were two Educational Psychologists. In addition, Miss M. Sharp took up her appointment as trainee Psychologist. Mrs. U. Chisholm continued to carry the weight of the social work until September. At this time, by arrangements under the Local Authority's Joint Mental Health Service, Mr. E. McCoy, Senior Psychiatric Social Worker, provided two sessions and in October Miss E. S. Doherty, Psychiatric Social Worker, provided eight sessions. The Observation and Diagnostic Class continues with Mrs. G. R. Jones as the Teacher-in-Charge. Remedial treatment was carried out by Mr. W. Fitzgerald, the Senior Remedial Teacher, and by four other teachers, one of whom was promoted and left the Service in August.

Dr. M. M. R. Gaffney, the Senior School Medical Officer, attended for one session weekly to conduct medical examinations and certain ascertainment, and Dr. S. W. Gillman or a Registrar

attended for three sessions, by arrangement with the Regional Hospital Board.

At the end of 1960 nearly 300 children remained on the waiting list. This number was reduced to 223 as enquiry revealed that the problems of the others were clearing. 429 children were referred during the year, 574 were interviewed and 69 awaited interview at the end of the year.

The following tables summarize the work covered in the School Psychological Service and Child Guidance Clinic.

### Initial Interviews

Psychiatric Interviews.....	125	Psychological Assessment	521
Social Histories			
(a) Taken by Social Workers	169	(b) Taken by Psychologists	167
Remedial Teachers	53, plus 148 from surveys		

### Attendances for Treatment

Psychiatrists — Psychotherapy	.....	.....	.....	593
Psychologists — (a) Individual Therapy & Remedial Treatment				419
(b) Group Therapy	.....	.....	.....	1,608
Social Workers — Parent Interviews and Treatment				1,082
Remedial Teachers — (a) Treatment at Centre				4,027
(b) Treatment at Schools	.....	.....		5,851

### Source of Referral

Head Teachers	.....	281
Director of Education		21
School Medical Officers		135
Probation Officers	.....	20
Children's Officer	.....	25
Paediatrician	.....	14
Other Medical Specialists		2
General Practitioners	.....	44
Parents	.....	23
Others	.....	3

### Problem

Nervous Disorders	.....	64
Habit Disorders	.....	60
Behaviour Disorders	.....	123
Organic Disorders	.....	3
Psychotic Behaviour		1
Educational Difficulties		290
Unclassified	.....	22

### Initial Recommendation

No action	.....	70
Review	.....	96
Individual Therapy (Psychiatrist)	.....	94
Individual Therapy (Psychologist)	.....	18
Group Therapy	.....	41
Remedial Treatment	.....	53 (plus approximately 100 seen in schools)
Special School for E.S.N. children	.....	76
School or Hostel for Maladjusted Children	.....	3

Hospital (Psychiatric) Treatment .....	3
Other Medical Treatment .....	1
Special School for Handicapped Children	5
Diagnostic and Observation Class	3
Unsuitable for Education in School.....	2

### Assessments Only

Physically Handicapped Children .....	68
Partially Deaf Children .....	3
Partially Sighted Children .....	2
Educationally Sub-normal Children.....	13
Children in Care of the L.E.A. ....	21

It was possible for a psychologist to visit Baginton Fields each week but only occasional visits were possible to other Special Schools.

During the year fourteen children were ascertained as being maladjusted and needing treatment in a Residential School or Hostel. With the increase in Social Workers it was again possible to effect close liaison with Cromers Close Hostel for Maladjusted Children, but unfortunately the work with parents of children at Residential Schools remained at a minimum.

Towards the end of the year, consideration was given to the group of children who would form the nucleus of Fir Tree Lodge Day School for maladjusted children, due to be opened early in 1962. The eagerness and co-operation of parents to take advantage of this school for their children was most gratifying.

17 children attended the Observation and Diagnostic Class during the year. Six were recommended for admission to schools for educationally sub-normal children ; 4 were assessed as unsuitable for school ; 2 were admitted to Bramcote before being placed in Special Schools and another spent six months in a Hospital Psychiatric Unit for further observation and then rejoined the class.

386 children previously seen were followed up and only a few were found to require further treatment."

### Chiropody

Mr. A. T. E. Freke reports :—

" During the year clinics were held on Tuesday afternoon, Thursday afternoon and Friday morning.

A total of 2,188 treatments were given.

New Cases .....	480
Patients discharged .....	478
Referred to Dermatologist.....	3
Referred to Orthopaedic Surgeon	6



There has been no noticeable improvement in the footwear of children, particularly of the girls who insist on the wearing of the casual type of shoe. There is nothing to commend this type of footwear and it might be helpful if schools in the city insisted on a reasonable standard of footwear to accompany their otherwise high standard of uniform."

I am convinced that an enormous amount of suffering in later life can be eliminated if only children of the age group 6-16 years could grow up with feet not enclosed and deformed by some of the present day footwear.

### **Dental Report**

Mr. J. A. Smith, Principal School Dental Officer, reports :—

"The number of full-time dental officers remained at five throughout the year and Mr. D. A. Angus, B.D.S., continued to attend Gulson Road Clinic in a part-time capacity. There was also part-time sessional attendance for limited periods during the year by Mr. C. G. Curry, L.D.S. (two sessions per week 20th January — 7th April, 1961) and Miss E. Peters, L.D.S. (two sessions per week 10th May — 31st October). Mr. J. Mokrzchi, B.D.S. commenced two sessions per week on 13th June and continues to attend for these sessions. This part-time assistance is most useful and I am very grateful to those who supplement our dental officers in this manner.

Dr. K. M. Park and Dr. D. W. Ebrahim attended on general anaesthetic sessions during the year and I greatly appreciate their very willing co-operation and assistance.

Mr. E. K. Breakspear continued to treat a limited number of orthodontic cases referred to him by school dental officers, a service much valued by the parents of those children able to benefit in this manner. At the end of the year, however, a change was being planned so that from a date early in 1962 Mr. Breakspear would attend Gulson Road Clinic on three sessions a week in order to carry out orthodontic treatment within the School Dental Service.

I was very pleased that the part-time services of a Dental Hygienist, Miss J. P. Wilday, were obtained and she commenced her duties on September 26th, 1961. Her appointment is for five sessions per week and these are divided between clinical sessions and visits to schools and maternity and child welfare clinics for the purpose of dental health education. This instruction in oral hygiene and diet I regard as a most valuable side of the dental hygienists work. Miss Wilday talks to each class for 15—20 minutes illustrating her lesson with posters and models and varying her technique to the age of her listeners. The children remain keenly interested and I welcome this positive attempt to carry instruction on this important subject to the children. At the same time teachers and head teachers who hear these

lessons and talk to Miss Wilday must feel encouraged in their efforts to stimulate in the children understanding and an intelligent carrying out of the basic principles of dental hygiene. These of course are designed to reduce to a minimum the cariogenic carbohydrates stagnant around the teeth, by (a) a sensible intake of such items of food; which includes both the nature of the food and when it is eaten, and (b) the cleansing of the teeth by physiological and artificial means, such as ending the meal with a piece of raw carrot or apple, and brushing or rinsing with clean water to remove food debris. I am sure that the interest taken in these lessons must also influence some head teachers when reconsidering the question of school tuck shops.

I conclude this report with my appreciation to all members of the School Dental Staff for their co-operation, and to those in any way connected with administration who have been of such frequent assistance."

1961	<i>Primary and Secondary Schools</i>	<i>Infant Welfare</i>	<i>Ante Natal</i>	<i>Total</i>
FILLINGS Permanent Teeth	9,008	—	460	9,468 (8,176)
FILLINGS Temporary Teeth	188	6	—	194 (305)
EXTRACTIONS Permanent Teeth	4,343	—	375	4,718 (5,110)
EXTRACTIONS Temporary Teeth	7,697	548	—	8,245 (10,042)
Other Operations	2,366	18	149	2,533 (1,847)
Administration of General Anaesthetics	2,543	237	41	2,821 (2,959)
Attendances	18,314	665	806	19,785 (17,332)

The Figures in brackets are the Corresponding Totals for 1960.

### **Ear, Nose and Throat Sessions**

Mr. W. Ogilvy Reid reports :

"There has been no significant change in the Ear, Nose and Throat Sessions which I hold at Gulson Road Clinic, and I continue to attend fortnightly or on occasions more frequently as the situation demands."



## **Heart and Rheumatic Clinic**

Dr. H. Parry Williams reports :

“ During the year 1961, 28 new cases were seen at the Heart and Rheumatic Clinic.

Seventeen murmurs were considered to be innocent in character, of which four were typical Still's murmurs. There were two cases of atrial septal defect, five congenital pulmonary stenoses, one abdominal aortic co-arcuation, one ventricular septal defect, one patent ductus arteriosus, and one child with extrasystoles.

It is a pleasure to acknowledge the co-operation of Dr. I. R. Gray and Mr. J. L. Collis in the investigation and treatment of these children.”

## **Nursing**

The Superintendent Health Nurse reports as follows :

“ 1961 has been another busy year for the Health Visitors/School Nurses.

The routine medical inspections and routine hygiene inspections have been carried out, and the annual number of children found verminous remains the same.

This year we have visited the family of each child tested at school and found to be Mantoux or Heaf Test positive. This has caused much extra work, but has been well worthwhile.

A new unit for the partially deaf has been opened in Priory Senior School and this is visited weekly by the Health Visitor concerned.

We have continued to follow up children who have failed to keep appointments at the various hospital clinics, and feel this is an essential service as many parents fail to realise the importance of the treatment or have home difficulties, and the personal advice and help of the Health Visitor/School Nurse is invaluable. This applies particularly to the orthoptic clinic where treatment is over a long period.

Many visits are also paid to the homes of children in hospital who are about to be discharged, a desirable service made possible by the liaison between the almoners of the hospitals and the Health Visitors.

The Health Visitors/School Nurses have assisted the Medical Officers when sessions have been held to give the fourth injection against Poliomyelitis to children between the ages of 5 and 12 years. The booster dose is an extension of the three doses given in previous years. All sessions for vaccination against Poliomyelitis have been well attended, and we hope this will continue.

During 1961 two of our School Nurses, along with five new entrants, went for training to take their Health Visitors certificate, and only one member resigned for domestic reasons."

### Speech Therapy

Miss B. Carr reports :

" During the past year the number of children requiring speech therapy at the various centres has steadily increased. Until October I endeavoured to deal with the really urgent cases at Gulson Road School Clinic from all parts of the city but by the time a new speech therapist was appointed on a part-time basis in the Autumn the waiting list had reached large proportions.

Miss Avison opened speech clinics at Courthouse Green, Three Spires and a second one at Gulson Road. She organised the work most effectively and inspected and treated as many cases as possible.

A number of children have been dealt with jointly by the Speech Therapists and Remedial Teachers at Gulson Road. This has been convenient for the children as they have been able to receive speech therapy after their remedial lessons. It has been extremely helpful to be able to discuss the progress and problems of these children with the Remedial Teachers who have been most helpful and co-operative."

Number of cases treated or now under treatment	.....	.....	186
Number of cases on waiting list	.....	.....	107

### Diphtheria Immunisation

Medical Officers have continued throughout the year to carry out immunisation in primary schools during term time and at the Gulson Road Clinic during the school holidays.

The following table shows the number of cases of diphtheria notified during the past ten years :—

<i>Year</i>	<i>Cases</i>	<i>Number of deaths</i>
1951	3	—
1952	—	—
1953	—	—
1954	—	—
1955	2	—
1956	—	—
1957	—	—
1958	1	—
1959	5	—
1960	—	—
1961	—	—

During 1961, 1,135 school children received primary injections and 2,989 were given booster doses.

### School Milk and Meals

Miss Butler, School Meals Organiser reports :—

“ During 1961, 5,206,530 meals (4,713,989 children's meals and 492,541 adults meals) were served, an increase of 212,138 since 1960. The daily average in January, 1961, was 27,019 and in December, 1961, it was 27,639. 51·73% of the numbers on roll were having meals when the last return was made to the Ministry in October, 1961.

The following new kitchens were opened :

Cardinal Wiseman	—	1 canteen September, 1961.
Potters Green	—	1 canteen September, 1961.

According to the statistics called for by the Ministry of Education on one specific day during October, 1961, the number of children present at school was 50,162 (which includes 2,636 at independent schools). Of these 40,936 had free milk (which includes 1,909 at independent schools).”

### Physical Education

Mr. A. Stokehill and Miss J. Burnett-Knight, Organisers of Physical Education report :—

“ As an experiment, it was decided to hold a series of courses at individual primary schools in 1961. The idea was to introduce some of the older teachers to the Movement Approach and to consolidate the knowledge younger teachers had gained in Training Colleges. At the same time, staffs were reassured with regard to the work they had been doing quite successfully for a number of years and encouraged to amalgamate the two approaches. The courses have proved both popular and successful. All members of staff have willingly stayed behind after school to observe lessons taken with their own children in their own hall and playgrounds and with their own apparatus. Interesting discussions arose and all who participated have been refreshed, and informed. The size of Coventry means that it will take a good deal of time to get round all schools: but all schools want to be included in the courses and we are convinced that the effect is well worthwhile.

Secondary school teachers have been catered for by courses in more specialised activities and experts have coached Cricket, Badminton, Trampolining and Football.

An alteration was made to the Swimming Tests in 1961. For some time it has been felt that a child's ability to swim 30 yards (the length of the bath at Livingstone Road) should be marked in some way. This is now recognised by the awarding of a star which can be sewn onto the costume. Having gained this, the child then proceeds to qualify for a certificate which either testifies to his ability to swim strokes in a good style or at a good speed.

The youth in the City are increasingly participating in games of all kinds. Football and Netball have always been strongly supported and the main difficulty here is catering for an ever-growing demand. Cricket, too continues to flourish but Tennis has now reached a level, after several courses, at which Youth Clubs wish to challenge other Youth Clubs and so a League has been formed. Badminton and Basketball will soon be at this stage, and the youth of the City are taking part more and more in the well run Youth Sports.

On the women's side, the Keep Fit classes continue to flourish. The 30 classes in the City are well supported and a strongly social and loyal bond exists between them. The Coventry Keep Fit Association celebrated its 21st anniversary with many functions such as rallies, dinners, dances and dance evenings, in addition to the usual demonstrations to old people, hospitals and firms, all of which are organised by the Association with assistance from the Education Committee when required. During the year, a course has been held for Keep Fit pianists and one for Keep Fit leaders is planned for the New Year. In addition, Coventry was asked to arrange for students from Ansty Physical Education College, Sutton Coldfield, to visit classes in the City to observe Keep Fit work. This was very successful and the students were most impressed with what they saw. Arrangements are already in hand for a further visit in the coming year.

Children at school and youth in Clubs are looking further afield for games competitions. Our over 16 boys toured Devon and Cornwall playing Association Football at Easter and our Under 15 in both codes toured Wales, Cumberland, and Westmorland, respectively. The youth of the City have annual fixtures with Stoke and Oxford. Individual schools also travelled, usually because masters and mistresses maintained contact with their old schools. The social value of these visits is considerable.

1961 produced its usual crop of success at County, Area and National levels. The City had internationals in Association Football, Rugby, Cricket and Athletics and for the first time in Coventry's history (this is very surprising when one remembers that we have had adult representatives in the Olympic Games) a schoolboy won a national swimming title.

Our thanks are due to a great number of people who have worked and are working to such worthwhile ends.

### **Medical Examinations of Entrants to Training Colleges and the Teaching Profession.**

In 1961, 170 candidates were examined by medical officers for entrance into training colleges and 74 for direct entrance into the teaching profession. Dr. Gordon Evans, Physician in charge of the Mass Radiography Unit, continued to arrange for the necessary chest x-ray examinations to be carried out.

### Notifications of Infectious Diseases

Age group 5 and under 15 years

Figures are also given for comparison with the previous year

	1961	1960
Scarlet Fever .....	138	142
Acute Primary Pneumonia .....	14	2
Acute Influenzal Pneumonia .....	3	4
Dysentery .....	175	39
Food Poisoning .....	649	—
Erysipelas .....	2	—
Measles .....	2,672	236
Whooping Cough .....	63	310
Pulmonary Tuberculosis .....	9	11
Non-Pulmonary Tuberculosis .....	1	2
Acute Encephalitis .....	1	—
Meningococcal Infection .....	—	3

Deaths of Children of School Age — 5 years to 15 years — are as follows :—

Malignant and Lymphatic Neoplasms .....	4
Leukaemia .....	1
Vascular lesions of nervous system .....	1
Circulatory Diseases .....	1
Pneumonia .....	1
Congenital malformations .....	3
Motor vehicle accidents .....	17
All other accidents .....	4
Suicide .....	2
Tuberculosis (non respiratory) .....	1
Diabetes .....	1
Other Heart Diseases .....	2
Bronchitis .....	1
Nephritis and Nephrosis .....	1
Other defined and ill defined causes.....	2
	—
	42

### TABLE OF DEFECTS PAYBODY ORTHOPAEDIC CLINIC Year Ending December, 1961

Defects	Boys	Girls	Total
Pes planus .....	55	25	80
Valgoid ankles .....	37	15	52
Kyphosis .....	7	9	16
Genu Valgum .....	8	6	14
Osteochondritis .....	4	1	5
Scoliosis .....	5	10	15
Hallux Valgus .....	3	13	16



Metatarsus Varus	12	8	20
Valgoid feet	1	2	3
Perthe's disease	5	3	8
Spina Bifida Occulta	1	3	4
Overlapping toes	2	1	3
Hallux Rigidus	1	5	6
Plantarfascia strain	1	—	1
Osgood Schlatter's disease	11	1	12
Torticollis	3	—	3
Ganglion	2	10	12
Polionmyelitis	3	2	5
Spasticity	—	2	2
Deformed toes and feet	12	9	21
Tenosynovitis	2	2	4
Epiphysitis	8	8	16
Spondylolisthesis	1	—	1
Exostosis	3	2	5
Strains	3	10	13
Cyst	—	2	2
Osteomyelitis	1	1	2
Ingrowing toe nail	8	—	8
Apophysitis	—	1	1
Lumbar disc lesion	1	—	1
Sprains	2	—	2
Claw toes	2	1	3
Bursitis	7	7	14
Chondromalacia	1	3	4
Arthritis	1	—	1
Hammer toes	2	2	4
Poor posture	4	6	10
Still's disease	—	1	1
Subluxation patella	1	—	1
Sprengel's shoulder	—	1	1
Equino varus	—	2	2
Kohler's disease	1	—	1
Genu Varum	10	5	15
Enlarged foot joints	—	1	1
Deformity left hip	1	—	1
Varus deformity	2	2	4
Foot fracture	1	—	1
Pes Cavus	3	4	7
Lordonis	1	5	6
Shortening of leg	3	3	6
Haemangioma	2	—	2
Galcaneo Valgus	1	—	1
Supernumerary ossicle	1	1	2
Hallux varus	1	—	1
Valgoid deformity	2	1	3
Fractured finger	2	—	2
Old fracture	8	3	11
Talipes	1	2	3
Traction injury	1	—	1
Fracture humerus	—	2	2
Fractures	—	1	1
Displaced epiphysis	1	—	1
Congenital defect of Scapula	1	—	1
Scheuermann's disease	—	1	1
Miscellaneous	40	67	107
	<hr/> 303	<hr/> 272	<hr/> 575

## Clinic Sessions

The current arrangements in regard to clinic sessions are set out below :—

### CENTRAL SCHOOL CLINIC, GULSON ROAD.

Minor Ailment Clinics, each afternoon.

Cleansings each morning.

### MEDICAL OFFICER APPOINTMENTS :—

By arrangement, Monday to Friday.

### CHIROPODY :—

By appointment Tuesday and Thursday afternoons and Friday mornings.

### DENTAL CLINIC :—

By appointment each day and Saturday mornings.

### EAR, NOSE AND THROAT CLINIC :—

By appointment each Wednesday.

Treatment sessions every afternoon (includes “infra-red treatment”)

### RINGWORM — X-RAY TREATMENT :—

By appointment at Coventry and Warwickshire Hospital.

### SCABIES CLINIC :—

Each day, Monday to Friday.

### SPEECH THERAPY :—

Each day, Monday to Friday.

### SUNLIGHT CLINIC :—

Tuesday mornings and Friday afternoons (September to March).

### HEART AND RHEUMATIC CLINIC :—

By appointment alternate Thursday afternoons.

### BRANCH CLINICS.

#### LONGFORD PARK :—

School Medical Officer attends by arrangement.

School Nurse in attendance every afternoon (except Thursday).

#### TEMPLARS :—

School Medical Officer attends by arrangement.

School Nurse in attendance three sessions weekly.

#### BINLEY :—

School Medical Officer attends by arrangement.

School Nurse in attendance Tuesday afternoons from 2 p.m.

#### WYKEN CROFT :—

School Medical Officer attends by arrangement.

School Nurse in attendance Wednesday mornings.

#### BROAD STREET HEALTH CENTRE :—

School Medical Officer attends by arrangement.

#### TILE HILL HEALTH CENTRE :—

School Medical Officer attends by arrangement.



# ATTENDANCES AT SCHOOL CLINICS DURING 1961

Conditions	Central Clinic Gulson Road		Binley School Branch Clinic		Longford Park Branch Clinic		Templars Branch Clinic		Wyken Croft Branch Clinic	
	Cases	Attend- ances	Cases	Attend- ances	Cases	Attend- ances	Cases	Attend- ances	Cases	Attend- ances
Skin :—										
Ringworm—scalp	2	1,177	—	712	—	482	—	1,529	—	1,238
X-ray treatment	—		—		—		—		—	
Other treatment	—		—		4		—		—	
Ringworm—body	2		—		—		—		—	
Scabies	—		—		1		—		—	
Impetigo	12		1		—		11		13	
Other skin diseases	8		15		5		84		11	
Eye diseases :—										
Blepharitis	—		—		—		—		—	
Conjunctivitis	1		3		1		4		30	
Styes	10		—		4		24		33	
Other	—		1		—		46		7	
Ear defects :—										
Otorrhoea	1	1,177	—	712	—	482	—	1,529	—	1,238
Wax	28		—		—		4		5	
Other	2		—		—		20		—	
Miscellaneous :—										
Septic conditions	41		19		12		152		144	
Skin infections	—		87		2		198		127	
Boils	8		12		3		61		30	
Chilblains	2		3		—		27		6	
Warts	6		43		5		27		48	
Injuries	80		86		111		213		174	
Other conditions	30		56		154		216		214	
TOTALS	233	1,177	326	712	302	482	1,087	1,529	842	1,238

## Part I

Medical Inspection of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of Birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1957 and later	459	459	100·00	—	—
1956	1,219	1,213	99·50	6	·50
1955	2,247	2,244	99·87	3	·13
1954	618	616	99·68	2	·32
1953	1,384	1,383	99·93	1	·07
1952	1,418	1,413	99·65	5	·35
1951	905	902	99·67	3	·33
1950	1,754	1,751	99·83	3	·17
1949	727	727	100·00	—	—
1948	298	298	100·00	—	—
1947	1,134	1,133	99·91	1	·09
1946 and earlier	4,304	4,303	99·98	1	·02
TOTAL	16,467	16,442	99·85	25	·15

TABLE B—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of Birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)
1957 and later	3	18	21
1956	26	68	94
1955	37	129	166
1954	20	37	57
1953	79	66	145
1952	80	51	131
1951	57	44	101
1950	95	53	148
1949	46	17	60
1948	17	7	23
1947	52	17	69
1946 and earlier	213	77	280
TOTAL	725	584	1,295

TABLE C — OTHER INSPECTIONS

Number of special inspections	2,684
Number of re-inspections	1,585
TOTAL	4,269

TABLE D — INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by nurses or other authorised persons	96,104
(b) Total number of individual pupils found to be infested	1,202
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act 1944)	1,202
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act 1944)	—

## Part II

Defects Found by Medical Inspection During the Year

TABLE A—PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		Requi- ring Treat- ment (3)	Requi- ring Obser- vation (4)	Requi- ring Treat- ment (5)	Requi- ring Obser- vation (6)	Requi- ring Treat- ment (7)	Requi- ring Obser- vation (8)	Requi- ring Treat- ment (9)	Requi- ring Obser- vation (10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin .....	5	6	9	2	23	12	37	20
5	Eyes—								
	(a) Vision .....	66	73	265	54	394	179	725	306
	(b) Squint .....	10	7	1	—	7	6	18	13
	(c) Other .....	1	—	1	—	—	—	2	—
6	Ears—								
	(a) Hearing .....	29	27	7	1	35	19	71	47
	(b) Otitis Media .....	4	6	3	—	5	3	12	9
	(c) Other .....	—	9	1	—	4	1	5	10
7	Nose and Throat .....	66	61	10	—	45	24	121	85
8	Speech .....	30	27	6	—	24	24	60	51
9	Lymphatic Glands .....	—	2	—	—	—	3	—	5
10	Heart .....	11	21	2	3	10	20	23	44
11	Lungs .....	5	32	4	4	4	37	13	73
12	Developmental								
	(a) Hernia .....	7	5	—	—	5	4	12	9
	(b) Other .....	1	13	5	4	14	40	20	57
13	Orthopaedic								
	(a) Posture .....	4	19	10	1	13	14	27	34
	(b) Feet .....	19	24	14	6	24	45	57	75
	(c) Other .....	3	12	8	—	11	13	22	25
14	Nervous System								
	(a) Epilepsy .....	—	1	1	1	1	4	2	6
	(b) Other .....	2	14	—	1	9	9	11	24
15	Psychological								
	(a) Development .....	14	15	—	3	31	37	45	55
	(b) Stability .....	3	7	5	—	3	12	11	19
16	Abdomen .....	5	2	—	—	1	5	6	7
17	Other .....	12	55	11	12	35	110	58	177

TABLE B—SPECIAL INSPECTIONS

Defect Code (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	3	—
5	Eyes— (a) Vision (b) Squint (c)	43 — —	10 — —
6	Ears— (a) Hearing (b) Otitis Media (c) Other	12 2 —	4 1 —
7	Nose and Throat	6	2
8	Speech	11	3
9	Lymphatic Glands	—	—
10	Heart	1	—
11	Lungs	—	1
12	Developmental— (a) Hernia (b) Other	1 1	— 2
13	Orthopaedic— (a) Posture (b) Feet (c) Other	3 2 —	1 1 1
14	Nervous System— (a) Epilepsy (b) Other	— 1	— 1
15	Psychological— (a) Development (b) Stability	15 —	5 6
16	Abdomen	—	—
17	Other	11	8



## Part III

Treatment of Pupils attending Maintained Primary and Secondary Schools  
(including Nursery and Special Schools)TABLE A  
EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint .....	167
Errors of refraction (including squint) .....	3,118
TOTAL .....	3,285
Number of pupils for whom spectacles were prescribed .....	2,317

TABLE B  
DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear .....	Not known
(b) for adenoids and chronic tonsillitis .....	198
(c) for other nose and throat condi- tions .....	Not known
Received other forms of treatment .....	128
TOTAL .....	326
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1961 .....	17
(b) in previous years 1953-1960 .....	95

TABLE C  
ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
Number of pupils known to have been treated at clinics or out-patients departments .....	576

TABLE D  
DISEASES OF THE SKIN  
(excluding uncleanness, for which see Table D Part 1)

	Number of cases known to have been treated
Ringworm—(i) Scalp	2
(ii) Body	2
Scabies	—
Impetigo	37
Other skin diseases	128
TOTAL	169

TABLE E  
CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	513
---	-----

TABLE F  
SPEECH THERAPY

Number of pupils treated by Speech Therapists under arrangements made by the Authority	186
--	-----

TABLE G  
OTHER TREATMENT GIVEN

(a) Number of cases of miscellaneous minor ailments treated by the Authority	2,327
(b) Pupils who received convalescent treatment under School Health Service arrangements	29
(c) Pupils who received B.C.G. vaccination	5,469
(d) Other than (a), (b), and (c) above—	
1. Chiropody	401
2. Ears	60
3. Ultra Violet Light	23
TOTAL (a) — (d)	8,309

School scheme 5,395  
Contact Clinic 74

## Part IV

## Dental Inspection and Treatment carried out by the Authority

(1) Number of pupils inspected by the Authority's Dental Officers :—		
(a) At periodic inspections	359	
(b) As specials	7,056	
	<b>TOTAL (1)</b>	<b>7,415</b>
(2) Number found to require treatment	6,319	
(3) Number offered treatment	6,319	
(4) Number actually treated	5,194	
(5) Number of attendances made by pupils for treatment, including those recorded at heading 11(h)	19,581	
(6) Half-days devoted to—Periodic (School) Inspection	2	
Treatment	2,662	
	<b>TOTAL (6)</b>	<b>2,664</b>
(7) Fillings : Permanent Teeth	9,008	
Temporary Teeth	188	
	<b>TOTAL (7)</b>	<b>9,196</b>
(8) Number of teeth filled : Permanent Teeth	8,084	
Temporary Teeth	183	
	<b>TOTAL (8)</b>	<b>8,267</b>
(9) Extractions : Permanent Teeth	4,343	
Temporary Teeth	7,697	
	<b>TOTAL (9)</b>	<b>12,040</b>
(10) Administration of general anaesthetics for extraction	2,543	
(11) Orthodontics :		
(a) Cases commenced during the year	121	
(b) Cases brought forward from previous year	129	
(c) Cases completed during the year	79	
(d) Cases discontinued during the year	28	
(e) Pupils treated by means of appliances	189	
(f) Removable appliances fitted	129	
(g) Fixed appliances fitted	33	
(h) Total attendances	1,846	
(12) Number of pupils supplied with artificial teeth	148	
(13) Other operations :		
(a) Permanent Teeth	1,795	
(b) Temporary Teeth	571	
	<b>TOTAL (13)</b>	<b>2,366</b>

# MINISTRY OF EDUCATION — HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS or BOARDING IN BOARDING HOMES, YEAR 1961

43

	(1) Blind (2) Partially sighted	(3)	(4) Deaf Partially Deaf	(5) Physically handicapped (6) Delicate	(7) Maladjusted (8) Education- ally Subnormal	(9) Epileptic (10) Speech Defects	Total 1—10				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. Handicapped Pupils newly assessed as requiring education at Special Schools or Boarding Homes	3	8	—	9	50	90	22	132	2	—	316
B. Handicapped Pupils newly placed in Special Schools or Boarding Homes	2	9	—	9	40	90	11	103	3	—	267
C. Number of Handicapped Pupils from the area requiring places in special schools :—											
(i) Total (a) day	—	—	—	1	21	—	3	58	—	—	83
(b) boarding	—	—	—	—	2	11	6	6	—	—	25
Included in the above total are :—											
(ii) Children under 5 years awaiting	—	—	—	—	11	—	—	—	—	—	11
(a) day	—	—	—	—	—	—	—	—	—	—	—
(b) boarding	—	—	—	—	—	—	—	—	—	—	—
(iii) Children over 5 years whose parents refused admission to special school	—	—	—	—	—	—	—	5	—	—	5
(a) day	—	—	—	—	—	—	—	—	—	—	—
(b) boarding	—	—	—	—	—	—	—	—	—	—	—
D. On or about 20th January, 1962, Handicapped Pupils were :—											
1. On the registers of											
(i) Maintained Special Schools	1	28	1	32	182	—	—	359	—	—	603
(a) as day pupils	—	2	1	3	2	50	2	13	—	—	73
(b) as boarding pupils	—	—	—	—	—	—	—	—	—	—	—
(ii) Non-maintained special schools	—	—	—	—	—	—	—	—	—	—	—
(a) as day pupils	8	—	13	4	—	2	9	14	8	—	58
(b) as boarding pupils	—	—	—	—	—	—	—	—	—	—	—
2. On the registers of independent schools under arrangements made by the Authority	1	—	—	—	—	—	13	2	—	—	16
3. Boarded in homes and not already included under 1 or 2	—	—	—	—	—	—	13	—	—	—	13
TOTAL D	10	30	15	39	184	52	37	388	8	—	763

# HANDICAP PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES, YEAR 1961 (Continued)

	(1) Blind (2) Partially sighted	(3) Deaf (4) Partially Deaf	(5) Physically handicapped (6) Delicate	(7) Mal- adjusted (8) Education- ally Subnormal	(9) Epileptic (10) Speech Defects	Total 1 ---10					
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
E. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944 :—											
(i) in hospitals .....	—	—	—	—	1	22	—	—	—	—	23
(ii) in other groups (e.g. units for spastics) .....	—	—	—	—	—	—	—	9	—	—	9
(iii) at home .....	—	—	—	—	3	4	—	1	—	—	8

## CHILDREN FOUND UNSUITABLE FOR EDUCATION AT SCHOOL

(i) Number of children who were the subject of new decisions recorded under Section 57(4) of the Education Act, 1944	22
(ii) Number of decisions cancelled under Section 57A(2) of the Education Act, 1944	2



## INDEX

	Page
Alice Stevens Day School	19
Anti-Tuberculosis Campaign	10
Attendances at Clinics	35
Baginton Fields P.H. School	12, 16, 17, 18, 19
Blind Pupils	10
Branch Clinics and Combined Centres	10
Child Guidance Arrangements	9, 23, 24, 25
Chiropody	25, 26
City of Coventry School	23
Clinic Sessions	34
Contagious Diseases	7
Corley Residential School for Delicate Pupils	21
Deaf Pupils	11
Delicate Pupils	13
Dental Service and Treatment	6, 26, 27, 42
Deaths of School Children	32
Defects found at Medical Inspections	38, 39
Diphtheria Immunisation	29
Ear, Nose and Throat Clinics	8, 27
Educationally Subnormal Pupils	11
Enuretic Children	13
Epileptic	11
General Condition of Pupils	6
Heart and Rheumatic Clinic	8, 28
Immunisation and Vaccination	6
Infectious Diseases	7, 32
Maladjusted	12
Nursing	28
Ophthalmic and Orthoptic Arrangements	9
Orthopaedic Arrangements	9, 10, 32, 33
Partially Deaf	11, 22
Partially Sighted	10
Periodic Medical Inspections	36, 37
Physically Handicapped Pupils	12, 43, 44
Physical Education	30, 31
Poliomyelitis Vaccination	6
School Health Service Staff	3, 4
School Milk and Meals	30
School Population	16
Speech Therapy	8, 29
Staffing	5
Three Spires Day School	20, 21
Treatment of Pupils	40, 41
Whitley Hospital School	21, 22











